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Wisconsin Medicaid revises quantity limitations for supplies for Type II diabetics

Effective for dates of service on and after February 1, 1999, Wisconsin Medicaid is revising quantity limitations to follow Medicare's policy for test strips and lancets for non-insulin treated diabetics. This change, which increases the amount of supplies allowed, applies to the following two procedure codes:

- A4253 (Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips). The allowable quantity limitation for Type II, non-insulin treated recipients is being changed to: **100 test strips per three months, per recipient.**
- A4259 (Lancets, per box). The allowable quantity limitation for Type II, non-insulin treated recipients is being changed to: **100 lancets per three months, per recipient.**

Refer to Attachment 1 of this Update for Wisconsin Medicaid revised quantity limitations. This chart replaces Attachment 1 issued in Medicaid Update 98-33, dated December 1998.

This Update is for fee-for-service providers. Managed care providers must contact their managed care organization (MCO) to determine their MCO's policies and coverage for diabetic equipment and supplies.

The Wisconsin Medicaid Update is the first source for provider information including Medicaid policy and billing information.

Wisconsin Medicaid is administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For provider questions, call the Medicaid fiscal agent at (800) 947-9627 or (608) 221-9883 or visit our web site at: www.dhfs.state.wi.us/medicaid.

Attachment 1

Diabetic equipment and supplies procedure code description and quantity limitations

Changes in italics

TYPE I DIABETES - INSULIN TREATED				
Procedure Code	TOS	Description of Code	Quantity Limitations	Requires PA?
E0607	P	Home blood glucose monitor	One per 3 years	If limit exceeded
E0609	P	Home blood glucose monitors with special features*	One per 3 years	Yes
A4253	9	Blood glucose test or reagent strips for home monitor	100 test strips per month, per recipient	If limit exceeded
A4254	9	Replacement battery, any type, for use with monitor	4 total per month	If limit exceeded
A4256	9	Normal, low and high calibrator solution/chips, pkg.	2 packages per month	If limit exceeded
A4258	9	Spring-powered device for lancet, each	1 per 6 months	If limit exceeded
A4259	9	Lancets, per box	100 lancets per month, per recipient	If limit exceeded

*Special features include voice synthesizers, automatic timers, etc.

TYPE II DIABETES - NON-INSULIN TREATED				
Procedure Code	TOS	Description of Code	Quantity Limitations	Requires PA?
E0607	P	Home blood glucose monitor	One per 3 years	If limit exceeded
E0609	P	Home blood glucose monitors with special features*	One per 3 years	Yes
A4253	9	<i>Blood glucose test or reagent strips for home monitor**</i>	<i>100 test strips per 3 months, per recipient</i>	<i>If limit exceeded</i>
A4254	9	Replacement battery, any type, for use with monitor	4 total per month	If limit exceeded
A4256	9	Normal, low and high calibrator solution/chips, pkg.	2 packages per month	If limit exceeded
A4258	9	Spring-powered device for lancet, each	1 per 6 months	If limit exceeded
A4259	9	<i>Lancets, per box**</i>	<i>100 lancets per 3 months, per recipient</i>	<i>If limit exceeded</i>

*Special features include voice synthesizers, automatic timers, etc.

**Revised per Medicare's changes.

Non-covered supplies: (Do not bill these codes to Wisconsin Medicaid)

Non-covered supplies for use with blood glucose monitors

A4244 - Alcohol or peroxide, per pint

A4250 - Urine test or reagent strips or tablets (100 tablets or strips)

Non-covered supplies

A4245 - Alcohol wipes per box

A4246 - Betadine or pHisoHex solution, per pint

A4247 - Betadine or iodine swabs/wipes per box

A4255 - Platforms for home glucose monitor, 50 per box

For additional limitations and requirements, refer to the narrative in this Update and the DME and DMS indices.



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